STATE OF ALABAMA BOARD OF EXAMINERS FOR DIETETIC/NUTRITION PRACTICE

2011-2013 LICENSE RENEWAL

CHECK APPROPRIATE REQUEST: (Please mark one sRENEWING license for the 2011-2013 licensure pRENEWING INACTIVE LICENSE: "inactive staNOT RENEWING LICENSE: I understand that sREQUESTING INACTIVE STATUS. (Inactive L	eriod. atus" during the 2 my license will ex	xpire on	Sept. 30,	2011.	this cannot b	a usad again if
you were inactive during the 2009-2011 licensure period.)	acense Request 5	itatus 10	i iicensui	e periou 2011-2013	, tills calliot b	e useu agam n
NAME:		(PhD, EdD, MS, RD, LN) AL LIC.#				
Type or Print		Circle				bama License #
(Check if Address/Name has changed) BIRT	HDATE		_ SOC	IAL SECURITY_		
ADDRESS:						
Street/PO Box	City			State	Zip Cod	le
TELEPHONE: ()	(Home)	()			(Work)
CHECK APPROPRIATE RENEWAL REQUEST:	LIC. REG.	DIETIT	TIAN	LICENSEI	D NUTRITIO	NIST
PRESENT EMPLOYMENT:				TITLE		
ADDRESS:	·	City			_State	Zip
SUPERVISOR'S NAME/TITLE:				PHONE:()	
CONTINUING EDUCATION HOURS FAILURE OF LICENSE. 30 HOURS REQUIRED FOR LICENS					LL RESULT	IN LOSS
Dietitians on the CDR Portfolio System. – You may so from CDR, or submit certificates of attendance (see Guidrivers license or current photo ID and a copy of your contract of the company of the compa	delines on our w	eb-site				
Licensed Nutr. - Include a copy of certificates of attend current photo ID.	lance to reflect 3	30 CPE	hours. In	nclude a copy of cu	urrent drivers	license or
FEES: RENEWAL FEE: \$150.00 (2 years) Must be received	d <u>no</u> later than	Septem	ber 30th	<u>1</u>		
LATE FEE: \$ 125.00 additional fee required for reno	ewals received b	etween	the Octo	ber 1 st and Oct. 3	1 st .	
REINSTATEMENT FEE: \$250.00 additional fee requ	uired for renewa	ıls recei	ved after	Oct. 31 st . (Total \$	525.00)	
PLEASE NOTE: NO LATE RENEWAL WILL BE REQUIRED TO REINSTATEMENT YOUR LICEN		TER T	HE OC	TOBER 31st. A \$	6525.00 FEE	WILL BE
PLEASE MAKE CHECK OR MONEY ORDER PAYA DIETETIC/NUTRITION PRACTICE, 400 SO. UNIO					ERS FOR	
SIGNATURE:						
DO NOT WRITE IN THIS SPACE:Date Received	d	Lic. Fe	ee	Late Fee		